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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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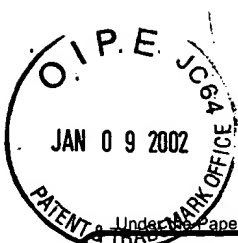
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/435,154	
	Filing Date	November 8, 1999	
	First Named Inventor	Shunpei YAMAZAKI, et al.	
	Group Art Unit	2811	
	Examiner Name	Steven Loke	
Total Number of Pages in This Submission		Attorney Docket Number	SEL 142

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply - Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request 1-Month <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): - Cited References - Return Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Stephen B. Heller
Signature	
Date	December 27, 2001

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>December 27, 2001</u>			
Typed or printed name	Christine A. Barglik		
Signature		Date	December 27, 2001

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9/2811

PTO/SB/17 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 290.00

Compleat if Kn wn

Application Number	09/435,154
Filing Date	November 8, 1999
First Named Inventor	Shunpei YAMAZAKI, et al.
Examiner Name	Steven Loke
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METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: 50/1039

Deposit Account Name: Cook, Alex, McFarron, Manzo, Cummings & Mehler, Ltd.

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE					
	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	
101	740	201 370	Utility filing fee		
106	330	206 165	Design filing fee		
107	510	207 255	Plant filing fee		
108	740	208 370	Reissue filing fee		
114	160	214 80	Provisional filing fee		
SUBTOTAL (1)				(\$)	

2. EXTRA CLAIM FEES

Extra Claims Fee from below Fee Paid

Total Claims: -20** = X 18.00 = 0.00

Independent Claims: -3** = X 84.00 = 0.00

Multiple Dependent: =

Large Entity Small Entity					
	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid	
103	18	203 9	Claims in excess of 20		
102	84	202 42	Independent claims in excess of 3		
104	280	204 140	Multiple dependent claim, if not paid		
109	84	209 42	** Reissue independent claims over original patent		
110	18	210 9	** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2)				(\$) 0.00	

*for number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES					
	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	
105	130	205 65	Surcharge - late filing fee or oath		
127	50	227 25	Surcharge - late provisional filing fee or cover sheet		
139	130	139 130	Non-English specification		
147	2,520	147 2,520	For filing a request for ex parte reexamination		
112	920*	112 920*	Requesting publication of SIR prior to Examiner action		
113	1,840*	113 1,840*	Requesting publication of SIR after Examiner action		110.00
115	110	215 55	Extension for reply within first month		
116	400	216 200	Extension for reply within second month		
117	920	217 460	Extension for reply within third month		
118	1,440	218 720	Extension for reply within fourth month		
128	1,960	228 980	Extension for reply within fifth month		
119	320	219 160	Notice of Appeal		
120	320	220 160	Filing a brief in support of an appeal		
121	280	221 140	Request for oral hearing		
138	1,510	138 1,510	Petition to institute a public use proceeding		
140	110	240 55	Petition to revive - unavoidable		
141	1,280	241 640	Petition to revive - unintentional		
142	1,280	242 640	Utility issue fee (or reissue)		
143	460	243 230	Design issue fee		
144	620	244 310	Plant issue fee		
122	130	122 130	Petitions to the Commissioner		
123	50	123 50	Processing fee under 37 CFR 1.101(a)		
126	180	126 180	Submission of Information Disclosure Stmt		180.00
581	40	581 40	Recording each patent assignment per property (times number of properties)		
146	740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))		
149	740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))		
179	740	279 370	Request for Continued Examination (RCE)		
169	900	169 900	Request for expedited examination of a design application		
Other fee (specify)					
SUBTOTAL (3)				(\$) 290.00	

*Reduced by Basic Filing Fee Paid

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Stephen B. Heller	Registration No. (Attorney/Agent)	30,181
Signature		Telephone	(312) 236-8500
		Date	December 27, 2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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